



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

NISAL CORP  
PO BOX 24809  
HOUSTON TEXAS 77029

#### **Respondent Name**

TRAVELERS INDEMNITY CO

#### **Carrier's Austin Representative**

Box Number 05

#### **MFDR Tracking Number**

M4-11-1767-01

#### **MFDR Date Received**

February 7, 2011

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Upon further review we have noted that the services provide do not need an authorization per ODG guidelines if this patient is enrolled in a division exempted return to work program, which this patient is. Please reprocess and pay accordingly."

**Amount in Dispute:** \$710.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The Provider contends the chronic pain management program they provided, which did not require preauthorization due to the Provider's CARF accreditation, qualifies as a return-to-work rehabilitation program. The Carrier disagrees. The return-to-work rehabilitation programs include programs such as work condition and work hardening which physically prepare the injured worker to return to the work force. These are included in CPT code 97545, which is placed in the same section as other physical therapies which prepare the injured worker to perform employment. The chronic pain management program in which the Claimant was enrolled is a medical coping course to teach the injured worker alternative forms of managing the pain from the injury. This is included in a separate area of the CPT codes, under 97799, which includes such other programs as prosthetic management. Consequently, the Carrier contends the chronic pain management program in which the Claimant was enrolled is not a return-to-work rehabilitation program. Therefore, the Provider was required to obtain preauthorization mandate in Rule 134.600(p) (7)."

**Response Submitted by:** Travelers

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 16, 2010	96102	\$75.00	\$0.00
June 28, 2010	90807, 96101, 90887 and 90889	\$635.00	\$0.00
		\$710.00	\$0.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 197 – Payment denied/reduced for absence of precertification/authorization
- W4 – No additional reimbursement allowed after review of appeal/reconsideration

### **Issues**

1. Did the disputed services require preauthorization pursuant 28 Texas Administrative Code §134.600?
2. Is the requestor entitled to reimbursement?

### **Findings**

1. Per 28 Texas Administrative Code §134.600 "(p) Non-emergency health care requiring preauthorization includes: (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program."

The requestor seeks reimbursement for CPT codes 96102 rendered on June 16, 2010 and CPT codes 90807, 96101, 90887 and 90889 rendered on June 28, 2010.

CPT code 96102 is defined as "Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face."

CPT code 90807 is defined as "Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services."

CPT code 96101 is defined as "Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report."

CPT code 90887 is defined as "Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient."

CPT code 90889 is defined as "Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers."

Review of the preauthorization letter submitted by the requestor documents that preauthorization was obtained for a chronic pain management program. Pursuant to 28 Texas Administrative Code §134.600 (p) (7), preauthorization is not required for psychological testing and psychotherapy, or repeat interview except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program.

2. Review of the submitted documentation finds that the requestor did not obtain preauthorization for the disputed services as required by 28 Texas Administrative Code §134.600 (p) (7), therefore reimbursement cannot be recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	October 4, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**